

FORMS 1, 2 AND 3

SHELBY COUNTY HEAD START

BUSINESS AUTOMOBILE COVERAGE

**SHELBY COUNTY GOVERNMENT
REQUEST FOR PROPOSALS – HEAD START BUSINESS INSURANCE**

FORM 1 - BROKER/AGENT QUESTIONNAIRE

1. Explain your firm's ownership structure.

2. How many years has your firm been in business?

3. Describe the industry diversity of your firm's client base.

4. Describe the account team's expertise and experience in dealing with public sector coverage.

5. Describe the expertise and experience dealing with property insurance for clients with insured values in excess of two hundred million dollars of the account team proposing to place the requested insurance.

6. Identify the names and location of your proposed account service team that would actually service County's account. Describe each member's service role. Provide the qualifications of each member including title, role, education, tenure at firm, years of relevant experience, years and type of public sector experience. Who will the day-to-day contacts be for the account? (Attached separate sheet with this information.)

7. What are your top property insurance markets and what is your premium volume with each?

8. How long has your account team had a relationship with each of the markets noted above?

9. Describe the measures your firm takes to stay abreast of changes in the marketplace, i.e. fees, commissions, contingencies, insurer merger/acquisition, pricing trends, insurer solvency, etc.

10. Describe any capabilities your firm may have to enhance a client's risk management programs.

11. Provide an example of the skills and experience your firm has in designing or enhancing clients' property insurance programs.

12. Provide an example of a recommendation you have made to another client that brought additional value to the client's property insurance program.

**SHELBY COUNTY GOVERNMENT
REQUEST FOR PROPOSALS – HEAD START BUSINESS AUTOMOBILE
INSURANCE**

FORM 2 - CERTIFICATION

**I certify that (insert name of firm)_____ did not
obtain a commitment to underwrite the proposed insurance prior to the date of
this Request For Proposals:**

Insurance Company

SIGNATURE

NAME

TITLE

COMPANY

PHONE NUMBER

FAX NUMBER

E-MAIL ADDRESS

**SHELBY COUNTY GOVERNMENT
REQUEST FOR PROPOSALS – HEAD START BUSINESS AUTOMOBILE
INSURANCE**

FORM 3 – INSURANCE PREMIUM PROPOSAL

You may include your own proposal form but we request that you complete this sheet indicating basic information regarding the premium, rates and fees.

Brokerage fees/commissions shall be provided separately at the end of this form.

Estimated Total Annual Premium _____

- ☐ This proposal conforms to County's current coverage; or
☐ This proposal deviates from County's current coverage as follows: (Attach separate sheets, if necessary)

Insurance Company: _____

Best's Rating for 2 most recent years _____

Are policy forms and endorsements attached? _____

Broker/Agent's Name: _____

Person with authority to bind coverage: _____

Signature: _____

Title: _____ **Date:** _____

Brokerage/Agent Fees or Commissions: _____

Brokerage fee shall include:

- Any basic commission negotiated with the insurers;
- Commission contingent on volume or profit
- Revenue/income arising from any other source.

Will your firm agree to provide this information in the future at each renewal? _____

Are there any financial ties between your firm and any of the insurers you are including in your proposal? If yes, please explain. _____

Is any aspect of your firm's business financed by an insurer? If yes, please explain.

ATTACHMENT 1

SHELBY COUNTY HEAD START

BUSINESS AUTOMOBILE COVERAGE

COVERAGE INFORMATION

**ATTACHMENT 1
COVERAGE INFORMATION**

SHELBY COUNTY HEAD START

BUSINESS AUTOMOBILE COVERAGE

Required Limits and Coverages

\$1,000,000 CSL Liability – Symbol 01 – ISO Form CA 00 01 03 06

\$5,000 Medical Payments – Symbol 02 – ISO Form CA 99 03 03 06

\$1,000,000 CSL Uninsured Motorists – Symbol 02 - ISO Form CA 21 20 03 06

\$1,000,000 CSL Underinsured Motorists – Symbol 02

Physical Damage Comprehensive Coverage – Symbol 07, 08
\$500 deductible

Physical Damage Collision Coverage – Symbol 07, 08
\$1,000 deductible

Hired or Borrowed Covered Auto Coverage

Liability - Tennessee - Estimated Cost of Hire \$5,000

Physical Damage

Comprehensive - Estimated Cost of Hire \$2,000 - \$100 deductible

Collision - Estimated Cost of Hire \$2,000 - \$1,000 deductible

Non-ownership liability – Number of employees 25

Business Auto Coverage Extension Form – PI-CA-001 (5/99) *(copy attached)*

Attach Form CA 20 55 to delete the Fellow Employee Exclusion.

Attach Waiver of Governmental Tort Liability Act limits per T.C.A. 29-20-101 et seq.

Endorse to provide 60 Day Notice of Cancellation.

ATTACHMENT 2

**SHELBY COUNTY HEAD START
BUSINESS AUTOMOBILE COVERAGE
SURPLUS LINES CODE**

56-14-105. Eligibility for surplus lines insurance. —

(a) No insurance coverage shall be eligible for surplus lines unless the full amount of insurance required is not procurable, after a diligent effort has been made to do so, from among the insurers licensed to transact and actually writing that kind and class of insurance in this state, and the amount of insurance eligible for surplus lines shall be only the amount in excess of the amount so procurable from licensed insurers.

(b) Policy or contract forms shall not be eligible unless the use is reasonably necessary for the principal purposes of the coverage, or unless the use would not be contrary to the purposes of the coverage, or unless the use would not be contrary to the purposes of this chapter with respect to the reasonable protection of authorized insurers from unwarranted competition by unauthorized insurers.

(c) The following kinds of insurance shall not be eligible for surplus lines insurance:

(1) Primary personal automobile liability;

(2) Surety; and

(3) Workers' compensation, except as provided in subsection (a).

[Acts 1969, ch. 270, § 5; T.C.A., § 56-3805; Acts 2001, ch. 220, §§ 2, 3.]

ATTACHMENT 3
SHELBY COUNTY HEAD START
BUSINESS AUTOMOBILE COVERAGE
ACORD APPLICATIONS



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

DATE (MM/DD/YYYY)
04/01/2010

AGENCY	CARRIER		NAIC CODE
	COMPANY POLICY OR PROGRAM NAME		PROGRAM CODE
	POLICY NUMBER		
CONTACT NAME:	UNDERWRITER		UNDERWRITER OFFICE
PHONE (A/C, No, Ext):			
FAX (A/C, No):			
E-MAIL ADDRESS:			
CODE:	SUBCODE:	STATUS OF TRANSACTION	QUOTE <input type="checkbox"/> ISSUE POLICY <input type="checkbox"/> RENEW <input type="checkbox"/> BOUND (Give Date and/or Attach Copy): CHANGE DATE TIME <input type="checkbox"/> AM <input type="checkbox"/> PM CANCEL
AGENCY CUSTOMER ID:			

SECTIONS ATTACHED

INDICATE SECTIONS ATTACHED	PREMIUM		PREMIUM		PREMIUM
<input type="checkbox"/> ACCOUNTS RECEIVABLE / VALUABLE PAPERS	\$		ELECTRONIC DATA PROC	\$	TRANSPORTATION / MOTOR TRUCK CARGO
<input type="checkbox"/> BOILER & MACHINERY	\$		EQUIPMENT FLOATER	\$	TRUCKERS / MOTOR CARRIER
<input checked="" type="checkbox"/> BUSINESS AUTO	\$		GARAGE AND DEALERS	\$	UMBRELLA
<input type="checkbox"/> BUSINESS OWNERS	\$		GLASS AND SIGN	\$	YACHT
<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY	\$		INSTALLATION / BUILDERS RISK	\$	
<input type="checkbox"/> CRIME / MISCELLANEOUS CRIME	\$		OPEN CARGO	\$	
<input type="checkbox"/> DEALERS	\$		PROPERTY	\$	

ATTACHMENTS

<input type="checkbox"/> ADDITIONAL INTEREST	PREMIUM PAYMENT SUPPLEMENT
<input type="checkbox"/> ADDITIONAL PREMISES	PROFESSIONAL LIABILITY SUPPLEMENT
<input type="checkbox"/> APARTMENT BUILDING SUPPLEMENT	RESTAURANT / TAVERN SUPPLEMENT
<input type="checkbox"/> CONDO ASSN BYLAWS (for D&O Coverage only)	STATEMENT / SCHEDULE OF VALUES
<input type="checkbox"/> CONTRACTORS SUPPLEMENT	STATE SUPPLEMENT (If applicable)
<input checked="" type="checkbox"/> COVERAGES SCHEDULE	VACANT BUILDING SUPPLEMENT
<input checked="" type="checkbox"/> DRIVER INFORMATION SCHEDULE	<input checked="" type="checkbox"/> VEHICLE SCHEDULE
<input type="checkbox"/> INTERNATIONAL LIABILITY EXPOSURE SUPPLEMENT	
<input type="checkbox"/> INTERNATIONAL PROPERTY EXPOSURE SUPPLEMENT	
<input checked="" type="checkbox"/> LOSS SUMMARY	

POLICY INFORMATION

PROPOSED EFF DATE	PROPOSED EXP DATE	BILLING PLAN	PAYMENT PLAN	METHOD OF PAYMENT	AUDIT	DEPOSIT	MINIMUM PREMIUM	POLICY PREMIUM
07/01/2010	07/01/2011	<input type="checkbox"/> DIRECT <input checked="" type="checkbox"/> AGENCY	ANNUAL			\$	\$	\$

APPLICANT INFORMATION

NAME (First Named Insured) AND MAILING ADDRESS (including ZIP+4) SHELBY COUNTY GOVERNMENT, DIVISION OF COMMUNITY SERVICES DBA SHELBY COUNTY HEAD START 160 N. MAIN, #1150, MEMPHIS TN 38103				GL CODE	SIC 91997	NAICS 624410	FEIN OR SOC SEC # 62-60000841
				BUSINESS PHONE #: 901-545-3173			
				WEBSITE ADDRESS WWW.SHELBYCOUNTYTN.GOV			
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION	<input checked="" type="checkbox"/> LOCAL GOVERNMENT			
<input type="checkbox"/> INDIVIDUAL	LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST				
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)				GL CODE	SIC	NAICS	FEIN OR SOC SEC #
				BUSINESS PHONE #:			
				WEBSITE ADDRESS			
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION				
<input type="checkbox"/> INDIVIDUAL	LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST				
NAME (Other Named Insured) AND MAILING ADDRESS (including ZIP+4)				GL CODE	SIC	NAICS	FEIN OR SOC SEC #
				BUSINESS PHONE #:			
				WEBSITE ADDRESS			
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> NOT FOR PROFIT ORG	<input type="checkbox"/> SUBCHAPTER "S" CORPORATION				
<input type="checkbox"/> INDIVIDUAL	LLC NO. OF MEMBERS AND MANAGERS: _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> TRUST				

CONTACT INFORMATION

AGENCY CUSTOMER ID: _____

CONTACT TYPE ALL		CONTACT TYPE	
CONTACT NAME: LOUISE HORTON, CIC		CONTACT NAME	
PRIMARY PHONE # <input type="checkbox"/> HOME <input checked="" type="checkbox"/> BUS <input type="checkbox"/> CELL 901-545-3173	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL	SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL
PRIMARY E-MAIL ADDRESS: LOUISE.HORTON@SHELBYCOUNTYTN.GOV		PRIMARY E-MAIL ADDRESS:	
SECONDARY E-MAIL ADDRESS:		SECONDARY E-MAIL ADDRESS:	

PREMISES INFORMATION (Attach ACORD 823 for Additional Premises)

LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: STATE	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY: ZIP:				TOTAL BUILDING AREA SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N
LOC #	STREET	CITY LIMITS	INTEREST	# FULL TIME EMPL	ANNUAL REVENUES: \$
		INSIDE	OWNER		OCCUPIED AREA: SQ FT
BLD #	CITY: STATE	OUTSIDE	TENANT	# PART TIME EMPL	OPEN TO PUBLIC AREA: SQ FT
	COUNTY: ZIP:				TOTAL BUILDING AREA SQ FT
DESCRIPTION OF OPERATIONS:					ANY AREA LEASED TO OTHERS? Y / N

NATURE OF BUSINESS

APARTMENTS	CONTRACTOR	MANUFACTURING	RESTAURANT	SERVICE	<input checked="" type="checkbox"/> HEAD START	DATE BUSINESS STARTED (MM/DD/YYYY)
CONDOMINIUMS	INSTITUTIONAL	OFFICE	RETAIL	WHOLESALE		
DESCRIPTION OF PRIMARY OPERATIONS						
OPERATION OF HEAD START CENTERS IN SHELBY COUNTY, TENNESSEE.						
RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL SALES:			INSTALLATION, SERVICE OR REPAIR WORK %	OFF PREMISES INSTALLATION, SERVICE OR REPAIR WORK %		
DESCRIPTION OF OPERATIONS OF OTHER NAMED INSURED						

ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data) Attach ACORD 45 for more Additional Interests

INTEREST	NAME AND ADDRESS	RANK:	EVIDENCE:	CERTIFICATE	POLICY	SEND BILL	INTEREST IN ITEM NUMBER	
<input type="checkbox"/> ADDITIONAL INSURED <input type="checkbox"/> BREACH OF WARRANTY <input type="checkbox"/> CO-OWNER <input type="checkbox"/> EMPLOYEE AS LESSOR <input type="checkbox"/> LEASEBACK OWNER <input type="checkbox"/> LIENHOLDER <input type="checkbox"/> LOSS PAYEE <input type="checkbox"/> MORTGAGEE <input type="checkbox"/> OWNER <input type="checkbox"/> REGISTRANT <input type="checkbox"/> TRUSTEE							LOCATION:	BUILDING:
							VEHICLE:	BOAT:
							AIRPORT:	AIRCRAFT:
							ITEM CLASS:	ITEM:
							ITEM DESCRIPTION	
REFERENCE / LOAN #:			INTEREST END DATE					
LIEN AMOUNT:			PHONE (A/C, No, Ext):			FAX (A/C, No):		
REASON FOR INTEREST:			E-MAIL ADDRESS:					

GENERAL INFORMATION

AGENCY CUSTOMER ID: _____

EXPLAIN ALL "YES" RESPONSES				Y / N
1a. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY?				N
PARENT COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED		
1b. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?				N
SUBSIDIARY COMPANY NAME	RELATIONSHIP DESCRIPTION	% OWNED		
2. IS A FORMAL SAFETY PROGRAM IN OPERATION?				Y
<input type="checkbox"/> SAFETY MANUAL	<input type="checkbox"/> MONTHLY MEETINGS	<input checked="" type="checkbox"/> AS REQUIRED		
<input type="checkbox"/> SAFETY POSITION	<input type="checkbox"/> OSHA			
3. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CHEMICALS?				N
4. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)				N
LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER	
5. ANY POLICY OR COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE PRIOR THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS? (Missouri Applicants - Do not answer this question)				N
<input type="checkbox"/> NON-PAYMENT	<input type="checkbox"/> AGENT NO LONGER REPRESENTS CARRIER	<input type="checkbox"/>		
<input type="checkbox"/> NON-RENEWAL	<input type="checkbox"/> UNDERWRITING	<input type="checkbox"/> CONDITION CORRECTED (Describe):		
6. ANY PAST LOSSES OR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEGLIGENT HIRING?				N
7. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY? (In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).				N
8. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?				N
OCCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE	
9. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?				N
OCCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE	
10. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE LAST FIVE (5) YEARS?				N
OCCURRENCE DATE	EXPLANATION	RESOLUTION	RESOLUTION DATE	
11. HAS BUSINESS BEEN PLACED IN A TRUST?				N
NAME OF TRUST				
12. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD/DISTRIBUTED IN FOREIGN COUNTRIES? (If "YES", attach ACORD 815 for Liability Exposure and/or ACORD 816 for Property Exposure)				N
13. DOES APPLICANT HAVE OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?				N

REMARKS / PROCESSING INSTRUCTIONS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

AGENCY CUSTOMER ID:

LOSS HISTORY	Check if none (Attach Loss Summary for Additional Loss Information)
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Check if none (Attach Loss Summary for Additional Loss Information)

SIGNATURE

ACORD 125 (2009/08)



TENNESSEE COMMERCIAL AUTO COVERAGES/LIMITS SECTION

DATE (MM/DD/YYYY)
04/01/2010

PRODUCER

APPLICANT (First Named Insured)

SHELBY COUNTY GOVERNMENT

BUSINESS AUTO SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	COVERAGES	COVERED AUTO SYMBOLS	LIMITS		
LIABILITY	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 4 <input type="checkbox"/> 9	<input checked="" type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$ 1,000,000.00					
	<input type="checkbox"/> 2 <input type="checkbox"/> 7 <input type="checkbox"/>	BI EACH ACCIDENT \$					
	<input type="checkbox"/> 3 <input type="checkbox"/> 8 <input type="checkbox"/>	PROPERTY DAMAGE \$					
			PHYSICAL DAMAGE				
			TOWING & LABOR	<input type="checkbox"/> 3 <input type="checkbox"/> 7	\$		
			COMPREHENSIVE	<input type="checkbox"/> 2 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 8 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 7			
MEDICAL PAYMENTS	<input checked="" type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 7	EACH PERSON \$	SPECIFIED CAUSES OF LOSS	<input type="checkbox"/> 2 <input type="checkbox"/> 4 <input type="checkbox"/> 8 <input type="checkbox"/> 3 <input type="checkbox"/> 7			
UNINSURED/ UNDERINSURED MOTORIST	<input checked="" type="checkbox"/> 2 <input type="checkbox"/> 6 <input type="checkbox"/> 3 <input type="checkbox"/> 7 <input type="checkbox"/> 4	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$ BI EACH ACCIDENT \$ PROPERTY DAMAGE \$	COLLISION	<input type="checkbox"/> 2 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 8 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 7			
HIRED/BORROWED LIABILITY	<input checked="" type="checkbox"/> YES STATES <input type="checkbox"/> NO TN	COST OF HIRE <input checked="" type="checkbox"/> IF ANY BASIS \$	HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH	COVERAGE/DEDUCTIBLE
NON-OWNED LIABILITY	<input checked="" type="checkbox"/> YES STATES <input type="checkbox"/> NO TN	GROUP TYPE <input checked="" type="checkbox"/> EMPLOYEES 25 <input type="checkbox"/> VOLUNTEERS <input type="checkbox"/> PARTNERS					<input checked="" type="checkbox"/> COMP \$ 500.00 <input type="checkbox"/> SPEC C OF L \$ <input checked="" type="checkbox"/> COLL \$ 1000.00
COVERED AUTO SYMBOLS	(1) ANY AUTO (2) ALL OWNED AUTOS (3) OWNED PRIVATE PASSENGER AUTOS	(4) OWNED AUTOS OTHER THAN PRIVATE PASSENGER (5) ALL OWNED AUTOS WHICH REQUIRE NO-FAULT COVERAGE (6) OWNED AUTOS SUBJECT TO COMPULSORY U.M. LAW	(7) AUTOS SPECIFIED ON SCHEDULE (8) HIRED AUTOS (9) NON-OWNED AUTOS				

TRUCKERS SECTION

COVERAGES	COVERED AUTO SYMBOLS	LIMITS	PHYSICAL DAMAGE						
COVERAGES	COVERED AUTO SYMBOLS	LIMITS	COVERAGES	COVERED AUTO SYMBOLS	LIMITS	DEDUCTIBLE			
LIABILITY	<input type="checkbox"/> 41 <input type="checkbox"/> 46	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$	COMPREHENSIVE	<input type="checkbox"/> 42 <input type="checkbox"/> 46		\$			
	<input type="checkbox"/> 42 <input type="checkbox"/> 47	BI EACH ACCIDENT \$		<input type="checkbox"/> 43 <input type="checkbox"/> 47					
	<input type="checkbox"/> 43 <input type="checkbox"/> 50	PROPERTY DAMAGE \$							
			SPECIFIED CAUSES OF LOSS	<input type="checkbox"/> 42 <input type="checkbox"/> 46 <input type="checkbox"/> SCL <input type="checkbox"/> FT <input type="checkbox"/> LSP <input type="checkbox"/> 43 <input type="checkbox"/> 47 <input type="checkbox"/> F <input type="checkbox"/> FTW	\$				
			COLLISION	<input type="checkbox"/> 42 <input type="checkbox"/> 46 <input type="checkbox"/> 43 <input type="checkbox"/> 47		\$			
MEDICAL PAYMENTS	<input type="checkbox"/> 42 <input type="checkbox"/> 46 <input type="checkbox"/> 43	EACH PERSON \$	TOWING & LABOR	<input type="checkbox"/> 46	\$				
UNINSURED/ UNDERINSURED MOTORIST	<input type="checkbox"/> 42 <input type="checkbox"/> 46 <input type="checkbox"/> 43 <input type="checkbox"/> 45	<input type="checkbox"/> CSL <input type="checkbox"/> BI EA PER \$ BI EACH ACCIDENT \$ PROPERTY DAMAGE \$	TRAILER INTERCHANGE						
			COVERAGES	SYMBOL	# TRAILERS	STATE	# DAYS	RADIUS	DEDUCTIBLE
			COMPREHENSIVE	<input type="checkbox"/> 48 <input type="checkbox"/> 49					
			SPECIFIED CAUSES OF LOSS	<input type="checkbox"/> 48 <input type="checkbox"/> 49					
NON-TRUCKERS HIRED/BORROWED	<input type="checkbox"/> YES STATES <input type="checkbox"/> NO	COST OF HIRE <input type="checkbox"/> IF ANY BASIS \$	COLLISION	<input type="checkbox"/> 48 <input type="checkbox"/> 49					\$
HIRED/BORROWED LIABILITY	<input type="checkbox"/> YES STATES <input type="checkbox"/> NO	COST OF HIRE <input type="checkbox"/> IF ANY BASIS \$	HIRED PHYSICAL DAMAGE	STATES	# DAYS	# VEH			
NON-OWNED AUTO LIABILITY	<input type="checkbox"/> YES STATES <input type="checkbox"/> NO	GROUP TYPE <input type="checkbox"/> EMPLOYEES <input type="checkbox"/> VOLUNTEERS <input type="checkbox"/> PARTNERS							
OTHER			COVERAGE IS: PRIMARY SECONDARY						
			OTHER						
COVERED AUTO SYMBOLS			(44) OWNED AUTOS SUBJECT TO NO-FAULT (45) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW (46) SPECIFICALLY DESCRIBED AUTOS (47) HIRED AUTOS ONLY (48) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT (49) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT (50) NON-OWNED AUTOS ONLY						

MOTOR CARRIER SECTION

COVERAGES		COVERED AUTO SYMBOLS		LIMITS		PHYSICAL DAMAGE																		
COVERAGES		COVERED AUTO SYMBOLS		LIMITS		COVERAGES		COVERED AUTO SYMBOLS		LIMITS		DEDUCTIBLE												
LIABILITY		61		67		CSL		BI		EA PER	\$	COMPREHENSIVE		62		67			\$					
		62		68		BI EACH ACCIDENT	\$		63		68													
		63		71		PROPERTY DAMAGE	\$		64															
		64																						
												SPECIFIED CAUSES OF LOSS		62		67		SCL		FT		LSP		\$
												63		68		F		FTW						
												64												
												COLLISION		62		67							\$	
												63		68										
												64												
MEDICAL PAYMENTS		62		64		EACH PERSON	\$					TOWING & LABOR		63				\$						
		63		67										67										
UNINSURED/ UNDERINSURED MOTORIST		62		66		CSL		BI		EA PER	\$	TRAILER INTERCHANGE												
		63		67		BI EACH ACCIDENT	\$					COVERAGES	SYMBOL	# TRAILERS	STATE	# DAYS	RADIUS	DEDUCTIBLE						
		64				PROPERTY DAMAGE	\$					COMPREHENSIVE	69											
													70											
												SPECIFIED CAUSES OF LOSS	69											
												70												
NON-TRUCKERS HIRED/BORROWED	YES	STATES				COST OF HIRE		IF ANY BASIS				COLLISION	69										\$	
	NO					\$						70												
HIRED/BORROWED LIABILITY	YES	STATES				COST OF HIRE		IF ANY BASIS					STATES	# DAYS	# VEH									
	NO					\$																		
NON-OWNED AUTO LIABILITY	YES	STATES				GROUP TYPE		NUMBER OF				HIRED PHYSICAL DAMAGE												
						EMPLOYEES																		
						VOLUNTEERS																		
						PARTNERS																		
OTHER												OTHER												

COVERED AUTO SYMBOLS

(61) ANY AUTO
(62) OWNED AUTOS ONLY
(63) OWNED PRIVATE PASS AUTOS ONLY

(64) OWNED COMMERCIAL AUTOS ONLY
(65) OWNED AUTOS SUBJECT TO NO-FAULT
(66) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW

(67) SPECIFICALLY DESCRIBED AUTOS
(68) HIRED AUTOS ONLY
(69) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT

(70) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRUCKER UNDER A TRAILER INTERCHANGE AGREEMENT
(71) NON-OWNED AUTOS ONLY

ENDORSEMENTS

DELETE FELLOW EMPLOYEE EXCLUSION.
WAIVER OF GOVERNMENTAL TORT LIABILITY ACT LIMITS - T.C.A. 29-20-101 ET SEQ.
60 DAY NOTICE OF CANCELLATION OR NON-RENEWAL.

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE, AND SUBSEQUENT RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.

IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

I UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED MOTORISTS (UM) BODILY INJURY AND PROPERTY DAMAGE COVERAGES HAVE BEEN EXPLAINED TO ME. I HAVE BEEN OFFERED THE OPTIONS OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS, UM LIMITS LOWER THAN MY LIABILITY LIMITS, OR TO REJECT UM BODILY INJURY AND/OR UM PROPERTY DAMAGE COVERAGES ENTIRELY.

1. I SELECT UNINSURED MOTORISTS BODILY INJURY LIMIT(S) INDICATED IN THIS APPLICATION. SCG (INITIALS)
2. I REJECT UNINSURED MOTORISTS BODILY INJURY AND PROPERTY DAMAGE COVERAGE IN ITS ENTIRETY. (INITIALS)
3. I REJECT ONLY UNINSURED MOTORISTS PROPERTY DAMAGE COVERAGE IN ITS ENTIRETY. (INITIALS)

I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.

APPLICANT'S SIGNATURE	Shelby County Government	DATE	04/01/2010	PRODUCER'S SIGNATURE	
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AGENCY CUSTOMER ID: _____

VEHICLE SCHEDULEDATE (MM/DD/YYYY)
04/05/2010

AGENCY		CARRIER		NAIC CODE
POLICY NUMBER		EFFECTIVE DATE	NAMED INSURED(S)	

VEHICLE DESCRIPTION

VEH #	YEAR	MAKE: DODGE	BODY TYPE: VAN	VEHICLE TYPE		SYM / AGE	COMP / OTC SYM	COLL SYM
1	1995	MODEL: RAM MAXI WAGON 3500	V.I.N.: 2B5WB35Z9SK547436	PP	SPEC	COML		
GARAGING ADDRESS		STREET (Required in KY)		CITY		COUNTY		STATE ZIP
				MEMPHIS		SHELBY		TN 38112
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL
TN	001		6842			15	L	
USE	✓	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	✓	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F
PLEASURE		RETAIL		✓	LIAB NO-FAULT	✓	MED PAY	FT
FARM		SERVICE		✓	UNINS MOTOR	✓	UNINS MOTOR	FTW
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR / CR:	TOTAL PREM: \$				
VEH #	YEAR	MAKE: FORD	BODY TYPE: BUS	VEHICLE TYPE		SYM / AGE	COMP / OTC SYM	COLL SYM
2	1995	MODEL: 65 PASSENGER BUS	V.I.N.: 1FDP880C65VA43664	PP	SPEC	COML		
GARAGING ADDRESS		STREET (Required in KY)		CITY		COUNTY		STATE ZIP
				MEMPHIS		SHELBY		TN 38112
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL
TN	001		6484			65	L	
USE	✓	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	✓	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F
PLEASURE		RETAIL		✓	LIAB NO-FAULT	✓	MED PAY	FT
FARM		SERVICE		✓	UNINS MOTOR	✓	UNINS MOTOR	FTW
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR / CR:	TOTAL PREM: \$				
VEH #	YEAR	MAKE: FORD	BODY TYPE: BUS	VEHICLE TYPE		SYM / AGE	COMP / OTC SYM	COLL SYM
3	1995	MODEL: 65 PASSENGER BUS	V.I.N.: 1FDP880CXSA43666	PP	SPEC	COML		
GARAGING ADDRESS		STREET (Required in KY)		CITY		COUNTY		STATE ZIP
				MEMPHIS		SHELBY		TN 38112
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL
TN	001		6484			65	L	
USE	✓	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	✓	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F
PLEASURE		RETAIL		✓	LIAB NO-FAULT	✓	MED PAY	FT
FARM		SERVICE		✓	UNINS MOTOR	✓	UNINS MOTOR	FTW
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR / CR:	TOTAL PREM: \$				
VEH #	YEAR	MAKE: INTERNATIONAL	BODY TYPE: BUS	VEHICLE TYPE		SYM / AGE	COMP / OTC SYM	COLL SYM
4	1996	MODEL: 65 PASSENGER BUS	V.I.N.: 1VHBBBAP4TH346832	PP	SPEC	COML		
GARAGING ADDRESS		STREET (Required in KY)		CITY		COUNTY		STATE ZIP
				MEMPHIS		SHELBY		TN 38112
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL
TN	001		6484			65	L	
USE	✓	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	✓	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F
PLEASURE		RETAIL		✓	LIAB NO-FAULT	✓	MED PAY	FT
FARM		SERVICE		✓	UNINS MOTOR	✓	UNINS MOTOR	FTW
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR / CR:	TOTAL PREM: \$				
VEH #	YEAR	MAKE: FORD	BODY TYPE:	VEHICLE TYPE		SYM / AGE	COMP / OTC SYM	COLL SYM
5	1996	MODEL: CUTAWAY TRUCK	V.I.N.: 1FDLE4F65THB52396	PP	SPEC	COML		
GARAGING ADDRESS		STREET (Required in KY)		CITY		COUNTY		STATE ZIP
				MEMPHIS		SHELBY		TN 38112
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL
TN	001	5,000	01499				L	
USE	✓	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	✓	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F
PLEASURE		RETAIL		✓	LIAB NO-FAULT	✓	MED PAY	FT
FARM	✓	SERVICE		✓	UNINS MOTOR	✓	UNINS MOTOR	FTW
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR / CR:	TOTAL PREM: \$				



AGENCY CUSTOMER ID: _____

VEHICLE SCHEDULE

DATE (MM/DD/YYYY)

AGENCY		CARRIER		NAIC CODE
POLICY NUMBER		EFFECTIVE DATE	NAMED INSURED(S)	

VEHICLE DESCRIPTION

VEH #	YEAR	MAKE: CHEVROLET	BODY TYPE: VAN	VEHICLE TYPE		SYM / AGE	COMP / OTC SYM	COLL SYM	
6	1999	MODEL: UTILITY VAN	V.I.N.: 1GCFC15M6X1037615	PP	SPEC	<input checked="" type="checkbox"/> COML			
GARAGING ADDRESS		CITY		COUNTY		STATE	ZIP		
		MEMPHIS		SHELBY		TN	38112		
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL	
TN	001	5000	01499				L		
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	RENT REIMB	
<input type="checkbox"/> PLEASURE	<input type="checkbox"/> RETAIL	<input type="checkbox"/>	<input checked="" type="checkbox"/> LIAB NO-FAULT	<input checked="" type="checkbox"/> MED PAY	<input checked="" type="checkbox"/> TOWING & LABOR	<input type="checkbox"/> FT	<input checked="" type="checkbox"/> COMP/OTC	<input type="checkbox"/> FG	
<input type="checkbox"/> FARM	<input checked="" type="checkbox"/> SERVICE		<input checked="" type="checkbox"/> UNINS MOTOR	<input type="checkbox"/>	<input type="checkbox"/> SPEC C OF L	<input type="checkbox"/> FTW	<input checked="" type="checkbox"/> COLL		
DRIVE TO WORK / SCHOOL		< 15 MILES	15 MILES +	NET VEH DR / CR:	DEDUCTIBLES				ACV
					AA				ST AMT
					\$				\$ 500
					\$				\$ 1000
									COLL
					TOTAL PREM: \$				
VEH #	YEAR	MAKE: CHRYSLER	BODY TYPE: VAN	VEHICLE TYPE		SYM / AGE	COMP / OTC SYM	COLL SYM	
7	2001	MODEL: VOYAGER	V.I.N.: 1C4GJ25GX1B104515	PP	SPEC	<input checked="" type="checkbox"/> COML			
GARAGING ADDRESS		CITY		COUNTY		STATE	ZIP		
		MEMPHIS		SHELBY		TN	38112		
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL	
TN	001		7398			7	L		
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	RENT REIMB	
<input type="checkbox"/> PLEASURE	<input type="checkbox"/> RETAIL	<input type="checkbox"/>	<input checked="" type="checkbox"/> LIAB NO-FAULT	<input checked="" type="checkbox"/> MED PAY	<input checked="" type="checkbox"/> TOWING & LABOR	<input type="checkbox"/> FT	<input checked="" type="checkbox"/> COMP/OTC	<input type="checkbox"/> FG	
<input type="checkbox"/> FARM	<input type="checkbox"/> SERVICE		<input checked="" type="checkbox"/> UNINS MOTOR	<input type="checkbox"/>	<input type="checkbox"/> SPEC C OF L	<input type="checkbox"/> FTW	<input checked="" type="checkbox"/> COLL		
DRIVE TO WORK / SCHOOL		< 15 MILES	15 MILES +	NET VEH DR / CR:	DEDUCTIBLES				ACV
					AA				ST AMT
					\$				\$ 500
					\$				\$ 100
									COLL
					TOTAL PREM: \$				
VEH #	YEAR	MAKE: FORD	BODY TYPE: BUS	VEHICLE TYPE		SYM / AGE	COMP / OTC SYM	COLL SYM	
8	2002	MODEL: SHUTTLE BUS	V.I.N.: 1FDWE35L72HA1291	PP	SPEC	<input checked="" type="checkbox"/> COML			
GARAGING ADDRESS		CITY		COUNTY		STATE	ZIP		
		MEMPHIS		SHELBY		TN	38112		
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL	
TN	001		6482			15	L		
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	RENT REIMB	
<input type="checkbox"/> PLEASURE	<input type="checkbox"/> RETAIL	<input type="checkbox"/>	<input checked="" type="checkbox"/> LIAB NO-FAULT	<input checked="" type="checkbox"/> MED PAY	<input checked="" type="checkbox"/> TOWING & LABOR	<input type="checkbox"/> FT	<input checked="" type="checkbox"/> COMP/OTC	<input type="checkbox"/> FG	
<input type="checkbox"/> FARM	<input type="checkbox"/> SERVICE		<input checked="" type="checkbox"/> UNINS MOTOR	<input type="checkbox"/>	<input type="checkbox"/> SPEC C OF L	<input type="checkbox"/> FTW	<input checked="" type="checkbox"/> COLL		
DRIVE TO WORK / SCHOOL		< 15 MILES	15 MILES +	NET VEH DR / CR:	DEDUCTIBLES				ACV
					AA				ST AMT
					\$				\$ 500
					\$				\$ 1000
									COLL
					TOTAL PREM: \$				
VEH #	YEAR	MAKE: DODGE	BODY TYPE: VAN(SEATS REMOVED)	VEHICLE TYPE		SYM / AGE	COMP / OTC SYM	COLL SYM	
9	2002	MODEL: MAXIWAGON	V.I.N.: 2B5WB35Z02K120324	PP	SPEC	<input checked="" type="checkbox"/> COML			
GARAGING ADDRESS		CITY		COUNTY		STATE	ZIP		
		MEMPHIS		SHELBY		TN	38112		
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL	
TN	001	5000	6482			0	L		
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	RENT REIMB	
<input type="checkbox"/> PLEASURE	<input type="checkbox"/> RETAIL	<input type="checkbox"/>	<input checked="" type="checkbox"/> LIAB NO-FAULT	<input checked="" type="checkbox"/> MED PAY	<input checked="" type="checkbox"/> TOWING & LABOR	<input type="checkbox"/> FT	<input checked="" type="checkbox"/> COMP/OTC	<input type="checkbox"/> FG	
<input type="checkbox"/> FARM	<input checked="" type="checkbox"/> SERVICE		<input checked="" type="checkbox"/> UNINS MOTOR	<input type="checkbox"/>	<input type="checkbox"/> SPEC C OF L	<input type="checkbox"/> FTW	<input checked="" type="checkbox"/> COLL		
DRIVE TO WORK / SCHOOL		< 15 MILES	15 MILES +	NET VEH DR / CR:	DEDUCTIBLES				ACV
					AA				ST AMT
					\$				\$ 500
					\$				\$ 1000
									COLL
					TOTAL PREM: \$				
VEH #	YEAR	MAKE: FREIGHTLINER	BODY TYPE: BUS	VEHICLE TYPE		SYM / AGE	COMP / OTC SYM	COLL SYM	
10	2002	MODEL: 66 PASSENGER BUS	V.I.N.: 4UZAAXBV32CK01777	PP	SPEC	<input checked="" type="checkbox"/> COML			
GARAGING ADDRESS		CITY		COUNTY		STATE	ZIP		
		MEMPHIS		SHELBY		TN	38112		
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL	
TN	001		6484			66	L		
USE	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR	F	LSP	RENT REIMB	
<input type="checkbox"/> PLEASURE	<input type="checkbox"/> RETAIL	<input type="checkbox"/>	<input checked="" type="checkbox"/> LIAB NO-FAULT	<input checked="" type="checkbox"/> MED PAY	<input checked="" type="checkbox"/> TOWING & LABOR	<input type="checkbox"/> FT	<input checked="" type="checkbox"/> COMP/OTC	<input type="checkbox"/> FG	
<input type="checkbox"/> FARM	<input type="checkbox"/> SERVICE		<input checked="" type="checkbox"/> UNINS MOTOR	<input type="checkbox"/>	<input type="checkbox"/> SPEC C OF L	<input type="checkbox"/> FTW	<input checked="" type="checkbox"/> COLL		
DRIVE TO WORK / SCHOOL		< 15 MILES	15 MILES +	NET VEH DR / CR:	DEDUCTIBLES				ACV
					AA				ST AMT
					\$				\$ 500
					\$				\$ 1000
									COLL
					TOTAL PREM: \$				



AGENCY CUSTOMER ID: _____

VEHICLE SCHEDULE

DATE (MM/DD/YYYY)

AGENCY		CARRIER		NAIC CODE	
POLICY NUMBER		EFFECTIVE DATE		NAMED INSURED(S)	

VEHICLE DESCRIPTION

VEH #	YEAR	MAKE: FREIGHTLINER		BODY TYPE: BUS		VEHICLE TYPE		SYM / AGE	COMP / OTC SYM	COLL SYM
11	2002	MODEL: 66 PASSENGER BUS		V.I.N.: 4UZAAXBV52CK01778		PP	<input type="checkbox"/> SPEC <input checked="" type="checkbox"/> COML			
GARAGING ADDRESS		STREET (Required in KY)		CITY		COUNTY		STATE	ZIP	
				MEMPHIS		SHELBY		TN	38112	
LIC STATE	TERR	GVW / GCW		CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL	
TN	001			6484			66	L		
USE	<input checked="" type="checkbox"/> COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB FG	DEDUCTIBLES	ACV
<input type="checkbox"/> PLEASURE	<input type="checkbox"/> RETAIL		<input checked="" type="checkbox"/> LIAB NO-FAULT	<input checked="" type="checkbox"/> MED PAY		FT	<input checked="" type="checkbox"/> COMP/OTC		AA	ST AMT
<input type="checkbox"/> FARM	<input type="checkbox"/> SERVICE			<input checked="" type="checkbox"/> UNINS MOTOR		FTW	<input checked="" type="checkbox"/> COLL		\$	\$ 500
DRIVE TO WORK / SCHOOL		< 15 MILES	15 MILES +	NET VEH DR / CR:					TOTAL PREM: \$	
VEH #	YEAR	MAKE: FREIGHTLINER		BODY TYPE: BUS		VEHICLE TYPE		SYM / AGE	COMP / OTC SYM	COLL SYM
12	2005	MODEL: 48 PASSENGER		V.I.N.: 4UZAAXCSX5CN52002		PP	<input type="checkbox"/> SPEC <input checked="" type="checkbox"/> COML			
GARAGING ADDRESS		STREET (Required in KY)		CITY		COUNTY		STATE	ZIP	
				MEMPHIS		SHELBY		TN	38112	
LIC STATE	TERR	GVW / GCW		CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL	
TN	001			6483			48	L		
USE	<input checked="" type="checkbox"/> COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB FG	DEDUCTIBLES	ACV
<input type="checkbox"/> PLEASURE	<input type="checkbox"/> RETAIL		<input checked="" type="checkbox"/> LIAB NO-FAULT	<input checked="" type="checkbox"/> MED PAY		FT	<input checked="" type="checkbox"/> COMP/OTC		AA	ST AMT
<input type="checkbox"/> FARM	<input type="checkbox"/> SERVICE			<input checked="" type="checkbox"/> UNINS MOTOR		FTW	<input checked="" type="checkbox"/> COLL		\$	\$ 500
DRIVE TO WORK / SCHOOL		< 15 MILES	15 MILES +	NET VEH DR / CR:					TOTAL PREM: \$	
VEH #	YEAR	MAKE: FORD		BODY TYPE: CARGO VAN		VEHICLE TYPE		SYM / AGE	COMP / OTC SYM	COLL SYM
13	2006	MODEL: ECONOLINE		V.I.N.: 1FTNA24W16DA30515		PP	<input type="checkbox"/> SPEC <input checked="" type="checkbox"/> COML			
GARAGING ADDRESS		STREET (Required in KY)		CITY		COUNTY		STATE	ZIP	
				MEMPHIS		SHELBY		TN		
LIC STATE	TERR	GVW / GCW		CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL	
TN	001	8,600		01499				L		
USE	<input type="checkbox"/> COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB FG	DEDUCTIBLES	ACV
<input type="checkbox"/> PLEASURE	<input type="checkbox"/> RETAIL		<input checked="" type="checkbox"/> LIAB NO-FAULT	<input checked="" type="checkbox"/> MED PAY		FT	<input checked="" type="checkbox"/> COMP/OTC		AA	ST AMT
<input type="checkbox"/> FARM	<input checked="" type="checkbox"/> SERVICE			<input checked="" type="checkbox"/> UNINS MOTOR		FTW	<input checked="" type="checkbox"/> COLL		\$	\$ 500
DRIVE TO WORK / SCHOOL		< 15 MILES	15 MILES +	NET VEH DR / CR:					TOTAL PREM: \$	
VEH #	YEAR	MAKE: FORD		BODY TYPE: CARGO VAN		VEHICLE TYPE		SYM / AGE	COMP / OTC SYM	COLL SYM
14	2006	MODEL: ECONOLINE CARGO VAN		V.I.N.: 1FTNE24W36DA630516		PP	<input type="checkbox"/> SPEC <input checked="" type="checkbox"/> COML			
GARAGING ADDRESS		STREET (Required in KY)		CITY		COUNTY		STATE	ZIP	
						SHELBY		TN		
LIC STATE	TERR	GVW / GCW		CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL	
TN	001	8,600		01499				L		
USE	<input type="checkbox"/> COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB FG	DEDUCTIBLES	ACV
<input type="checkbox"/> PLEASURE	<input type="checkbox"/> RETAIL		<input checked="" type="checkbox"/> LIAB NO-FAULT	<input checked="" type="checkbox"/> MED PAY		FT	<input checked="" type="checkbox"/> COMP/OTC		AA	ST AMT
<input type="checkbox"/> FARM	<input checked="" type="checkbox"/> SERVICE			<input checked="" type="checkbox"/> UNINS MOTOR		FTW	<input checked="" type="checkbox"/> COLL		\$	\$ 500
DRIVE TO WORK / SCHOOL		< 15 MILES	15 MILES +	NET VEH DR / CR:					TOTAL PREM: \$	
VEH #	YEAR	MAKE: FORD		BODY TYPE: CARGO VAN		VEHICLE TYPE		SYM / AGE	COMP / OTC SYM	COLL SYM
15	2006	MODEL: ECONOLINE CARGO VAN		V.I.N.: 1FTNE24WX6DA30514		PP	<input type="checkbox"/> SPEC <input checked="" type="checkbox"/> COML			
GARAGING ADDRESS		STREET (Required in KY)		CITY		COUNTY		STATE	ZIP	
				MEMPHIS		SHELBY		TN	38112	
LIC STATE	TERR	GVW / GCW		CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL	
TN	001	8,600		01499				L		
USE	<input type="checkbox"/> COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB FG	DEDUCTIBLES	ACV
<input type="checkbox"/> PLEASURE	<input type="checkbox"/> RETAIL		<input checked="" type="checkbox"/> LIAB NO-FAULT	<input checked="" type="checkbox"/> MED PAY		FT	<input checked="" type="checkbox"/> COMP/OTC		AA	ST AMT
<input type="checkbox"/> FARM	<input checked="" type="checkbox"/> SERVICE			<input checked="" type="checkbox"/> UNINS MOTOR		FTW	<input checked="" type="checkbox"/> COLL		\$	\$ 500
DRIVE TO WORK / SCHOOL		< 15 MILES	15 MILES +	NET VEH DR / CR:					TOTAL PREM: \$	



AGENCY CUSTOMER ID: _____

VEHICLE SCHEDULE

DATE (MM/DD/YYYY)

AGENCY		CARRIER		NAIC CODE
POLICY NUMBER		EFFECTIVE DATE	NAMED INSURED(S)	

VEHICLE DESCRIPTION

VEH #	YEAR	MAKE: FREIGHTLINER	BODY TYPE: BUS	VEHICLE TYPE		SYM / AGE	COMP / OTC SYM	COLL SYM
16	2002	MODEL: 42 PASSENGER BUS	V.I.N.: 4UZAAXBV42CJ64979	PP	SPEC	COML		
GARAGING ADDRESS		STREET (Required in KY)		CITY	COUNTY	STATE	ZIP	
				MEMPHIS	SHELBY	TN	38112	
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL
TN	001		6483			42	L	
USE	✓	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	✓	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	
PLEASURE		RETAIL		✓	LIAB NO-FAULT	✓	MED PAY	
FARM		SERVICE		✓	UNINS MOTOR	✓		
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR / CR:	TOTAL PREM: \$				
VEH #	YEAR	MAKE: FORD	BODY TYPE: BUS	VEHICLE TYPE		SYM / AGE	COMP / OTC SYM	COLL SYM
17	2002	MODEL: 35 PASSENGER E450	V.I.N.:	PP	SPEC	COML		
GARAGING ADDRESS		STREET (Required in KY)		CITY	COUNTY	STATE	ZIP	
				MEMPHIS	SHELBY	TN	38112	
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL
TN	001		6483			35	I	
USE	✓	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	✓	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	
PLEASURE		RETAIL		✓	LIAB NO-FAULT	✓	MED PAY	
FARM		SERVICE		✓	UNINS MOTOR	✓		
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR / CR:	TOTAL PREM: \$				
VEH #	YEAR	MAKE: FORD	BODY TYPE: BUS	VEHICLE TYPE		SYM / AGE	COMP / OTC SYM	COLL SYM
18	2003	MODEL: 30 PASSENGER E450	V.I.N.: 1FDWE45F93HB13625	PP	SPEC	COML		
GARAGING ADDRESS		STREET (Required in KY)		CITY	COUNTY	STATE	ZIP	
				MEMPHIS	SHELBY	TN	38112	
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL
TN	001		6483			30	L	
USE	✓	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	✓	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	
PLEASURE		RETAIL		✓	LIAB NO-FAULT	✓	MED PAY	
FARM		SERVICE		✓	UNINS MOTOR	✓		
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR / CR:	TOTAL PREM: \$				
VEH #	YEAR	MAKE: CHEVROLET	BODY TYPE: BUS	VEHICLE TYPE		SYM / AGE	COMP / OTC SYM	COLL SYM
19	2003	MODEL: G3500 EXPRESS 24 PASSENGER	V.I.N.: 1GBJG31U631113991	PP	SPEC	COML		
GARAGING ADDRESS		STREET (Required in KY)		CITY	COUNTY	STATE	ZIP	
				MEMPHIS	SHELBY	TN	38112	
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL
TN	001		6483			24	L	
USE	✓	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	✓	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	
PLEASURE		RETAIL		✓	LIAB NO-FAULT	✓	MED PAY	
FARM		SERVICE		✓	UNINS MOTOR	✓		
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR / CR:	TOTAL PREM: \$				
VEH #	YEAR	MAKE: DODGE	BODY TYPE: SERVICE VAN	VEHICLE TYPE		SYM / AGE	COMP / OTC SYM	COLL SYM
20	1991	MODEL: RAM WAGON B350	V.I.N.: 2B5WB35Z1MK437290	PP	SPEC	COML		
GARAGING ADDRESS		STREET (Required in KY)		CITY	COUNTY	STATE	ZIP	
				MEMPHIS	SHELBY	TN	38112	
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL
TN	001	5,000	01499				L	
USE	✓	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	✓	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	
PLEASURE		RETAIL		✓	LIAB NO-FAULT	✓	MED PAY	
FARM		SERVICE		✓	UNINS MOTOR	✓		
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR / CR:	TOTAL PREM: \$				



AGENCY CUSTOMER ID: _____

VEHICLE SCHEDULE

DATE (MM/DD/YYYY)

AGENCY		CARRIER		NAIC CODE
POLICY NUMBER		EFFECTIVE DATE	NAMED INSURED(S)	

VEHICLE DESCRIPTION

VEH #	YEAR	MAKE: CHEVROLET	BODY TYPE: BUS	VEHICLE TYPE		SYM / AGE	COMP / OTC SYM	COLL SYM
21	2002	MODEL: G3500 EXPRESS 24 PASSENGER	V.I.N.: 1GBJG31R121160131	PP	SPEC	COML		
GARAGING ADDRESS		STREET (Required in KY)		CITY	COUNTY	STATE	ZIP	
				MEMPHIS	SHELBY	TN	38112	
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL
TN	001		6483			24	L	
USE	✓	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	✓	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	
PLEASURE		RETAIL		✓	LIAB NO-FAULT	✓	MED PAY UNINS MOTOR	
FARM		SERVICE						
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR / CR:	TOTAL PREM: \$				
VEH #	YEAR	MAKE: CHEVROLET	BODY TYPE: VAN	VEHICLE TYPE		SYM / AGE	COMP / OTC SYM	COLL SYM
22	1998	MODEL: MINI-VAN	V.I.N.: 1GNDU06E8WD269056	PP	SPEC	COML		
GARAGING ADDRESS		STREET (Required in KY)		CITY	COUNTY	STATE	ZIP	
				MEMPHIS	SHELBY	TN	38112	
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL
TN	001		6481			7	L	
USE	✓	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	✓	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	
PLEASURE		RETAIL		✓	LIAB NO-FAULT	✓	MED PAY UNINS MOTOR	
FARM		SERVICE						
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR / CR:	TOTAL PREM: \$				
VEH #	YEAR	MAKE: DODGE	BODY TYPE: MINI-VAN	VEHICLE TYPE		SYM / AGE	COMP / OTC SYM	COLL SYM
23	2008	MODEL: CARAVAN	V.I.N.: 1D8HN44808B117879	PP	SPEC	COML		
GARAGING ADDRESS		STREET (Required in KY)		CITY	COUNTY	STATE	ZIP	
				MEMPHIS	SHELBY	TN	38112	
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL
TN	001		6481			5	L	
USE	✓	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	✓	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	
PLEASURE		RETAIL		✓	LIAB NO-FAULT	✓	MED PAY UNINS MOTOR	
FARM		SERVICE						
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR / CR:	TOTAL PREM: \$				
VEH #	YEAR	MAKE: DODGE	BODY TYPE: MINI-VAN	VEHICLE TYPE		SYM / AGE	COMP / OTC SYM	COLL SYM
24	2008	MODEL: CARAVAN	V.I.N.: 1D8HN44H78B117880	PP	SPEC	COML		
GARAGING ADDRESS		STREET (Required in KY)		CITY	COUNTY	STATE	ZIP	
				MEMPHIS	SHELBY	TN	38112	
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL
TN	001		6481			5	L	
USE	✓	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	✓	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	
PLEASURE		RETAIL		✓	LIAB NO-FAULT	✓	MED PAY UNINS MOTOR	
FARM		SERVICE						
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR / CR:	TOTAL PREM: \$				
VEH #	YEAR	MAKE: DODGE	BODY TYPE: MINI-VAN	VEHICLE TYPE		SYM / AGE	COMP / OTC SYM	COLL SYM
25	2008	MODEL: CARAVAN	V.I.N.: 1d8hn44h98b117881	PP	SPEC	COML		
GARAGING ADDRESS		STREET (Required in KY)		CITY	COUNTY	STATE	ZIP	
				MEMPHIS	SHELBY	TN	38112	
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL
TN	001		6481			5	L	
USE	✓	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	✓	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	
PLEASURE		RETAIL		✓	LIAB NO-FAULT	✓	MED PAY UNINS MOTOR	
FARM		SERVICE						
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR / CR:	TOTAL PREM: \$				



AGENCY CUSTOMER ID: _____

VEHICLE SCHEDULE

DATE (MM/DD/YYYY)

AGENCY		CARRIER		NAIC CODE
POLICY NUMBER		EFFECTIVE DATE	NAMED INSURED(S)	

VEHICLE DESCRIPTION

VEH #	YEAR	MAKE: INTERNATIONAL	BODY TYPE: BUS	VEHICLE TYPE		SYM / AGE	COMP / OTC SYM	COLL SYM
26	1996	MODEL: 35 PASSENGER 3000 SERIES	V.I.N.: 1HVBBABM7TH346829	PP	<input type="checkbox"/> SPEC <input checked="" type="checkbox"/> COML			
GARAGING ADDRESS		STREET (Required in KY)		CITY		COUNTY	STATE	ZIP
		MEMPHIS		SHELBY			TN	38112
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL
TN	001		6483			35	L	
USE	<input checked="" type="checkbox"/> COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB
<input type="checkbox"/> PLEASURE	<input type="checkbox"/> RETAIL	<input type="checkbox"/>	<input checked="" type="checkbox"/> LIAB <input type="checkbox"/> NO-FAULT	<input checked="" type="checkbox"/> MED PAY <input type="checkbox"/> UNINS MOTOR	<input type="checkbox"/> FT	<input checked="" type="checkbox"/> COMP/OTC <input type="checkbox"/> COLL	<input type="checkbox"/> FG	<input type="checkbox"/> AA
<input type="checkbox"/> FARM	<input type="checkbox"/> SERVICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> FTW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR / CR:	TOTAL PREM: \$				
VEH #	YEAR	MAKE: INTERNATIONAL	BODY TYPE: BUS	VEHICLE TYPE		SYM / AGE	COMP / OTC SYM	COLL SYM
27	1996	MODEL: 35 PASSENGER 3000 SERIES	V.I.N.: 1HVBBABM3TH346830	PP	<input type="checkbox"/> SPEC <input checked="" type="checkbox"/> COML			
GARAGING ADDRESS		STREET (Required in KY)		CITY		COUNTY	STATE	ZIP
		MEMPHIS		SHELBY			TN	38112
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL
TN	001		6483			35	L	
USE	<input checked="" type="checkbox"/> COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB
<input type="checkbox"/> PLEASURE	<input type="checkbox"/> RETAIL	<input type="checkbox"/>	<input checked="" type="checkbox"/> LIAB <input type="checkbox"/> NO-FAULT	<input checked="" type="checkbox"/> MED PAY <input type="checkbox"/> UNINS MOTOR	<input type="checkbox"/> FT	<input checked="" type="checkbox"/> COMP/OTC <input type="checkbox"/> COLL	<input type="checkbox"/> FG	<input type="checkbox"/> AA
<input type="checkbox"/> FARM	<input type="checkbox"/> SERVICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> FTW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR / CR:	TOTAL PREM: \$				
VEH #	YEAR	MAKE: GMC	BODY TYPE: BUS	VEHICLE TYPE		SYM / AGE	COMP / OTC SYM	COLL SYM
28	2001	MODEL: SAVANA G3500 25 PASSENGER	V.I.N.: 1GDJG31R11178636	PP	<input type="checkbox"/> SPEC <input checked="" type="checkbox"/> COML			
GARAGING ADDRESS		STREET (Required in KY)		CITY		COUNTY	STATE	ZIP
		MEMPHIS		SHELBY			TN	38112
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL
TN	001		6483			25	L	
USE	<input checked="" type="checkbox"/> COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB
<input type="checkbox"/> PLEASURE	<input type="checkbox"/> RETAIL	<input type="checkbox"/>	<input checked="" type="checkbox"/> LIAB <input type="checkbox"/> NO-FAULT	<input checked="" type="checkbox"/> MED PAY <input type="checkbox"/> UNINS MOTOR	<input type="checkbox"/> FT	<input checked="" type="checkbox"/> COMP/OTC <input type="checkbox"/> COLL	<input type="checkbox"/> FG	<input type="checkbox"/> AA
<input type="checkbox"/> FARM	<input type="checkbox"/> SERVICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> FTW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR / CR:	TOTAL PREM: \$				
VEH #	YEAR	MAKE: FORD	BODY TYPE: SERVICE VAN	VEHICLE TYPE		SYM / AGE	COMP / OTC SYM	COLL SYM
29	1996	MODEL: ECONOLINE	V.I.N.:	PP	<input type="checkbox"/> SPEC <input checked="" type="checkbox"/> COML			
GARAGING ADDRESS		STREET (Required in KY)		CITY		COUNTY	STATE	ZIP
		MEMPHIS		SHELBY			TN	38112
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL
TN	001	8,600	01499				L	
USE	<input type="checkbox"/> COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB
<input type="checkbox"/> PLEASURE	<input type="checkbox"/> RETAIL	<input type="checkbox"/>	<input checked="" type="checkbox"/> LIAB <input type="checkbox"/> NO-FAULT	<input checked="" type="checkbox"/> MED PAY <input type="checkbox"/> UNINS MOTOR	<input type="checkbox"/> FT	<input checked="" type="checkbox"/> COMP/OTC <input type="checkbox"/> COLL	<input type="checkbox"/> FG	<input type="checkbox"/> AA
<input checked="" type="checkbox"/> FARM	<input type="checkbox"/> SERVICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> FTW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR / CR:	TOTAL PREM: \$				
VEH #	YEAR	MAKE: FORD	BODY TYPE: BUS	VEHICLE TYPE		SYM / AGE	COMP / OTC SYM	COLL SYM
30	2003	MODEL: E450 SUPER DUTY 30 PSGR	V.I.N.: 1FDWE45F03HA11503	PP	<input type="checkbox"/> SPEC <input checked="" type="checkbox"/> COML			
GARAGING ADDRESS		STREET (Required in KY)		CITY		COUNTY	STATE	ZIP
		MEMPHIS		SHELBY			TN	38112
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL
TN	001		6483			30	L	
USE	<input checked="" type="checkbox"/> COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB
<input type="checkbox"/> PLEASURE	<input type="checkbox"/> RETAIL	<input type="checkbox"/>	<input checked="" type="checkbox"/> LIAB <input type="checkbox"/> NO-FAULT	<input checked="" type="checkbox"/> MED PAY <input type="checkbox"/> UNINS MOTOR	<input type="checkbox"/> FT	<input checked="" type="checkbox"/> COMP/OTC <input type="checkbox"/> COLL	<input type="checkbox"/> FG	<input type="checkbox"/> AA
<input type="checkbox"/> FARM	<input type="checkbox"/> SERVICE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> FTW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DRIVE TO WORK / SCHOOL	< 15 MILES	15 MILES +	NET VEH DR / CR:	TOTAL PREM: \$				



AGENCY CUSTOMER ID: _____

VEHICLE SCHEDULE

DATE (MM/DD/YYYY)

AGENCY		CARRIER		NAIC CODE
POLICY NUMBER		EFFECTIVE DATE	NAMED INSURED(S)	

VEHICLE DESCRIPTION

VEH #	YEAR	MAKE: DODGE	BODY TYPE: VAN		VEHICLE TYPE		SYM / AGE	COMP / OTC SYM	COLL SYM
31	2002	MODEL: RAM VAN	V.I.N.: 2B7HB11X42K131254		PP	SPEC	COML		
GARAGING ADDRESS		STREET (Required in KY)		CITY	COUNTY		STATE	ZIP	
				MEMPHIS	SHELBY		TN	38112	
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL	
TN	001		6481			10	L		
USE	✓	COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB FG
PLEASURE		RETAIL		✓	LIAB NO-FAULT	✓	FT	COMP/OTC	DEDUCTIBLES
FARM		SERVICE		✓	UNINS MOTOR	✓	FTW	COLL	AA
DRIVE TO WORK / SCHOOL		< 15 MILES	15 MILES +	NET VEH DR / CR:			TOTAL PREM: \$		
VEH #	YEAR	MAKE:	BODY TYPE:		VEHICLE TYPE		SYM / AGE	COMP / OTC SYM	COLL SYM
		MODEL:	V.I.N.:		PP	SPEC	COML		
GARAGING ADDRESS		STREET (Required in KY)		CITY	COUNTY		STATE	ZIP	
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL	
USE		COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB FG
PLEASURE		RETAIL			MED PAY	✓	FT	COMP/OTC	DEDUCTIBLES
FARM		SERVICE			UNINS MOTOR	✓	FTW	COLL	AA
DRIVE TO WORK / SCHOOL		< 15 MILES	15 MILES +	NET VEH DR / CR:			TOTAL PREM: \$		
VEH #	YEAR	MAKE:	BODY TYPE:		VEHICLE TYPE		SYM / AGE	COMP / OTC SYM	COLL SYM
		MODEL:	V.I.N.:		PP	SPEC	COML		
GARAGING ADDRESS		STREET (Required in KY)		CITY	COUNTY		STATE	ZIP	
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL	
USE		COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB FG
PLEASURE		RETAIL			MED PAY	✓	FT	COMP/OTC	DEDUCTIBLES
FARM		SERVICE			UNINS MOTOR	✓	FTW	COLL	AA
DRIVE TO WORK / SCHOOL		< 15 MILES	15 MILES +	NET VEH DR / CR:			TOTAL PREM: \$		
VEH #	YEAR	MAKE:	BODY TYPE:		VEHICLE TYPE		SYM / AGE	COMP / OTC SYM	COLL SYM
		MODEL:	V.I.N.:		PP	SPEC	COML		
GARAGING ADDRESS		STREET (Required in KY)		CITY	COUNTY		STATE	ZIP	
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL	
USE		COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB FG
PLEASURE		RETAIL			MED PAY	✓	FT	COMP/OTC	DEDUCTIBLES
FARM		SERVICE			UNINS MOTOR	✓	FTW	COLL	AA
DRIVE TO WORK / SCHOOL		< 15 MILES	15 MILES +	NET VEH DR / CR:			TOTAL PREM: \$		
VEH #	YEAR	MAKE:	BODY TYPE:		VEHICLE TYPE		SYM / AGE	COMP / OTC SYM	COLL SYM
		MODEL:	V.I.N.:		PP	SPEC	COML		
GARAGING ADDRESS		STREET (Required in KY)		CITY	COUNTY		STATE	ZIP	
LIC STATE	TERR	GVW / GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERMINAL	
USE		COMM'L	FOR HIRE	CHECK COVERAGES	ADD'L NO-FAULT	UNDRINS MOTOR TOWING & LABOR SPEC C OF L	F	LSP	RENT REIMB FG
PLEASURE		RETAIL			MED PAY	✓	FT	COMP/OTC	DEDUCTIBLES
FARM		SERVICE			UNINS MOTOR	✓	FTW	COLL	AA
DRIVE TO WORK / SCHOOL		< 15 MILES	15 MILES +	NET VEH DR / CR:			TOTAL PREM: \$		



COMMERCIAL AUTO DRIVER INFORMATION SCHEDULE

DATE
04/01/2010

PRODUCER	PHONE (A/C, No, Ext):	APPLICANT (First Named Insured)	SHELBY COUNTY GOVERNMENT DIVISION OF COMMUNITY SERVICES DBA SHELBY COUNTY HEAD START
	FAX (A/C, No):		
	FOR COMPANY USE ONLY		
CODE:	SUB CODE:		
AGENCY CUSTOMER ID:			

DRIVER INFORMATION

LIST ALL DRIVERS, INCLUDING FAMILY MEMBERS THAT WILL DRIVE COMPANY VEHICLES, AND EMPLOYEES WHO DRIVE OWN VEHICLES ON COMPANY BUSINESS.

DRIVER #	NAME (Include address, if required)	SEX	MAR STAT	DATE OF BIRTH	YRS EXP	YEAR LIC	DRIVERS LICENSE NUMBER/ SOCIAL SECURITY NUMBER	STATE LIC	DATE HIRE	BROADEN NO-FAULT	DOC	USE VEH #	% USE
1	ADRIAN MULLINS	M		10/18/1983			92081222	TN		<input type="checkbox"/>	<input type="checkbox"/>		
2	AREMENTRA YOUNG	F		11/10/1957			58939927	TN		<input type="checkbox"/>	<input type="checkbox"/>		
3	BARBARA RUDD	F		07/03/1950			51023170	TN		<input type="checkbox"/>	<input type="checkbox"/>		
4	BEVERLY SULLIVAN	F		04/23/1949			46019130	TN		<input type="checkbox"/>	<input type="checkbox"/>		
5	ELESTER CHAMBERS	M		11/12/1959			55443581	TN		<input type="checkbox"/>	<input type="checkbox"/>		
6	EXIE STEVENSON	F		09/20/1966			91821281	TN		<input type="checkbox"/>	<input type="checkbox"/>		
7	GEORGE HUDSON	M		01/09/1953			43676245	TN		<input type="checkbox"/>	<input type="checkbox"/>		
8	GRETA MATTHEWS	F		05/29/1968			65953421	TN		<input type="checkbox"/>	<input type="checkbox"/>		
9	SHONDA RENEE MORROS	F		06/15/1977			115807099	TN		<input type="checkbox"/>	<input type="checkbox"/>		
10	LAURA LOVE	F		05/01/1961			061570837	TN		<input type="checkbox"/>	<input type="checkbox"/>		
11	LEONARD LAWSON	M		10/18/1950			39215896	TN		<input type="checkbox"/>	<input type="checkbox"/>		
12	MAGGIE TIPTON	F		02/12/1952			43573837	TN		<input type="checkbox"/>	<input type="checkbox"/>		
13	MARY PILOT	F		10/07/1946			30872258	TN		<input type="checkbox"/>	<input type="checkbox"/>		
14	HOSEA PATTERSON	M		02/12/1974			075803991	TN		<input type="checkbox"/>	<input type="checkbox"/>		
15	RONALD BROWN	M		07/21/1951			108897937	TN		<input type="checkbox"/>	<input type="checkbox"/>		
16	WALTER MISTER	M		01/03/1950			51710007	TN		<input type="checkbox"/>	<input type="checkbox"/>		
17	PATRICIA MAXWELL	F		06/17/1950			45106543	TN		<input type="checkbox"/>	<input type="checkbox"/>		
18	RICHARD HAYNES	M		01/16/1950			42647721	TN		<input type="checkbox"/>	<input type="checkbox"/>		
19	SAMUEL HURNS, III	M		11/09/1964			59130714	TN		<input type="checkbox"/>	<input type="checkbox"/>		
20	SHIRLEY DAVIS	F		02/03/1954			50185745	TN		<input type="checkbox"/>	<input type="checkbox"/>		
21	SONJA BOYD	F		10/05/1971			73883482	TN		<input type="checkbox"/>	<input type="checkbox"/>		
22	SANDRA CUMMINGS	F		11/12/1951			67276981	TN		<input type="checkbox"/>	<input type="checkbox"/>		
23	LATONYA DOTSON	F		11/13/1974			07685047	TN		<input type="checkbox"/>	<input type="checkbox"/>		
24	MARIA PATTERSON	F		08/08/1959			068860083	TN		<input type="checkbox"/>	<input type="checkbox"/>		



DATE
04/01/2010

PRODUCER	PHONE (A/C, No, Ext):	APPLICANT (First Named Insured) SHELBY COUNTY GOVERNMENT DIVISION OF COMMUNITY SERVICES DBA SHELBY COUNTY HEAD START FOR COMPANY USE ONLY
	FAX (A/C, No):	
CODE:	SUB CODE:	
AGENCY CUSTOMER ID:		

DRIVER INFORMATION

LIST ALL DRIVERS, INCLUDING FAMILY MEMBERS THAT WILL DRIVE COMPANY VEHICLES, AND EMPLOYEES WHO DRIVE OWN VEHICLES ON COMPANY BUSINESS.

[illegible]

ATTACHMENT 4
SHELBY COUNTY HEAD START
BUSINESS AUTOMOBILE COVERAGE
LOSS INFORMATION

Customer Loss Detail Report

(By Account/Policy Number/Claim Number)



Account: 75181 Shelby Co. Govt., Div. of Comm. Services

Policy: PHPK128205 07/01/2005 - 07/01/2006

Claim Number	Status	Loss Date	Open Date	Closed Date	Loss/Exps Paid	Subro/Salvage Recovered	Rep
PHNP05100194898							
001 BOYD, EDWARD							
COMBINED PROPERTY DAMAGE	CL	10/07/2005	10/10/2005	10/19/2005	1,473.64	0.00	Schram
PHNP06010204941							
001 HOLMES, LAKESHIA							
COMBINED PROPERTY DAMAGE	CL	01/09/2006	01/09/2006	01/18/2006	2,931.76	0.00	Schram
PHNP06030213705							
001 EXPRESS CAR RENTAL							
COMBINED PROPERTY DAMAGE	CL	03/21/2006	03/23/2006	04/24/2006	406.76	0.00	Schram
PHNP06040214839							
001 PHELPS, CHARISE							
COMBINED PROPERTY DAMAGE	CL	03/30/2006	04/03/2006	04/20/2006	974.69	0.00	Schram
PHNP06040215417							
001 Shelby County Head Start, Inc.							
COMP - Theft	CL	03/27/2006	04/06/2006	04/27/2006	536.87	0.00	Falcone
Total for Policy:	5 Claims		Total Reserves:	0.00	6,323.72	0.00	

Customer Loss Detail Report

(By Account/Policy Number/Claim Number)



Account: 75181 Shelby Co. Govt., Div. of Comm. Services

Policy: PHPK177932 07/01/2006 - 07/01/2007

Claim Number	Status	Loss Date	Open Date	Closed Date	Loss/Exps Paid	Subro/Salvage Recovered	Rep
PHNP06100236298							
001 Shelby County Government, Division of							
Comp Fire Total Loss	CL	08/15/2006	10/02/2006	12/19/2007	59,814.25	1,675.00	Schram
Collision	CL	08/15/2006	10/02/2006	12/19/2007	1,943.00	1,675.00	Schram
Total for Policy:	1 Claims		Total Reserves:	0.00	61,757.25	3,350.00	
<hr/>							
Total for Account:	6 Claims		Total Reserves:	0.00	68,080.97	3,350.00	
<hr/>							
Grand Total:	6 Claims		Total Reserves:	0.00	68,080.97	3,350.00	

Date: April 19, 2010
Page: 1 of 3

Customer Loss Detail Report

(By Account/Policy Number/Claim Number)



Account: 75181 Shelby Co. Govt., Div. of Comm. Services

Policy: PHPK244515 07/01/2007 - 07/01/2008

There are no claims available for this policy post 01/01/1996.

Claim Number	Status	Loss Date	Open Date	Closed Date	Loss/Exps Paid	Subro/Salvage Recovered	Rep
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No Claimants

No Loss Types

Total for Policy:	0 Claims	Total Reserves:	0.00	0.00	0.00
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Date: April 19, 2010
Page: 2 of 3

Customer Loss Detail Report

(By Account/Policy Number/Claim Number)



Account: 75181 Shelby Co. Govt., Div. of Comm. Services

Policy: PHPK326529 07/01/2008 - 07/01/2009

There are no claims available for this policy post 01/01/1996.

Claim Number	Status	Loss Date	Open Date	Closed Date	Loss/Exps Paid	Subro/Salvage Recovered Rep
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No Claimants

No Loss Types

Total for Policy:	0 Claims	Total Reserves:	0.00	0.00	0.00
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Customer Loss Detail Report

(By Account/Policy Number/Claim Number)



Account: 75181 Shelby Co. Govt., Div. of Comm. Services

Policy: PHPK434814 07/01/2009 - 07/01/2010

Claim Number	Status	Loss Date	Open Date	Closed Date	Loss/Exps Paid	Subro/Saivage Recovered	Rep
PHNP10030459549							
001 DANE, ABBEY							
COMBINED PROPERTY DAMAGE	CL	03/26/2010	03/29/2010	03/31/2010	1,901.70	0.00	Campbell
Total for Policy:	1 Claims		Total Reserves:	0.00	1,901.70	0.00	
Total for Account:	1 Claims		Total Reserves:	0.00	1,901.70	0.00	
Grand Total:	1 Claims		Total Reserves:	0.00	1,901.70	0.00	

ATTACHMENT 5

SHELBY COUNTY HEAD START

BUSINESS AUTOMOBILE COVERAGE

Form PI-CA-001

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**BUSINESS AUTO COVERAGE EXTENSION FORM**

Throughout this endorsement the words "you" and "your" refer to the Named Insured shown in the Declarations. The words "we," "us" and "our" refer to the Company providing this insurance.

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

The following is a summary of the Limits of Insurance and additional coverage provided by this endorsement. For complete details on specific coverages, consult the policy contract wording.

**Broadening of Coverages
applicable****No additional limits**

Broad Form Named Insured

One Comprehensive deductible per "occurrence"

Notice of and Knowledge of Occurrence

Unintentional Errors or Omissions

Mental Anguish Redefined

Blanket Waiver of Subrogation

Accidental Discharge Air Bag

Auto Loan/Lease Total Loss Protection

Additional Coverages**Limits applicable**

Cost of Bail Bonds

\$3,000

Hired Car Physical damage

\$35,000

Hired Car Physical Damage – Loss of Use

\$75/\$750 maximum

Personal Effects Coverage

\$400

Physical Damage – Transportation Expense

\$50 day/\$1,500 maximum

Rental Reimbursement

\$30 per day/30 days

Electronic Equipment Coverage

\$300

Towing

\$50

Glass

Full/No Deductible

COMMERCIAL AUTO

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**BUSINESS AUTO COVERAGE EXTENSION FORM**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement. The deductibles indicated in the auto declarations are applicable to this form unless a contrary deductible is indicated.

BROAD FORM NAMED INSURED

Section II – LIABILITY COVERAGE A. 1. WHO IS AN INSURED provision is amended by adding the following:

- d. Any business entity newly acquired or formed by you during the policy period provided you own 50% or more of the business entity and the business entity is not separately insured for Business Auto Coverage. Coverage is extended up to a maximum of 180 days following acquisition or formation of the business entity.
- e. Board members (or their spouse) while renting a vehicle while on business for the named insured.

**COVERAGE EXTENSIONS –
SUPPLEMENTARY PAYMENTS**

Section II – LIABILITY COVERAGE A. 2. a. COVERAGE EXTENSIONS, Supplementary Payments 2 and 4 is replaced by the following:

- 2. Up to \$3,000 for cost of bail bonds (including bonds for related traffic law violations) required because of an "accident" we cover. We do not have to furnish these bonds.
- 4. All reasonable expenses incurred by the "insured" at our request, including actual loss of earning up to \$300 a day because of time off from work.

HIRED CAR PHYSICAL DAMAGE

Any "auto" you lease, hire, rent or borrow from someone other than your employees or partners or members of their household is a covered

"auto" for each of your physical damage coverages.

The most we will pay for "loss" in any one "accident" is \$35,000.

HIRED CAR PHYSICAL DAMAGE – LOSS OF USE

Section II – LIABILITY COVERAGE, B. Exclusions 2 and 6 are changed as follows:

Notwithstanding **Section II, LIABILITY COVERAGES, B.** Exclusions 2 and 6, we will pay sums which you legally must pay to the lessor of a covered "auto" which you have leased without a driver for 30 days or less for the lessor's loss of use of the covered "auto", provided:

- 1. This insurance provides comprehensive, specified causes of loss or collision coverage on the covered "auto";
- 2. The loss of use results from the covered "auto" being damaged in an accident while you are leasing it.

We will pay up to \$75 per day subject to a maximum limit of \$750.

PERSONAL EFFECTS COVERAGE

Section III – PHYSICAL DAMAGE COVERAGE A. is amended by adding the following:

We will pay up to \$400 for "loss" to wearing apparel and other personal effects which are:

- a. owned by an "insured"; and
- b. in or on your covered "auto".

This coverage applies only in the event of a total theft of your covered "auto".

No deductibles apply to this coverage.

PHYSICAL DAMAGE – TRANSPORTATION EXPENSES

Section III – PHYSICAL DAMAGE

COVERAGE A. 4 Coverage Extension is replaced by the following:

We will pay up to \$50 per day to a maximum of \$1,500 for temporary transportation expenses incurred by you because of the total theft of a covered "auto" of the private passenger type. We will pay only for those covered "autos" for which you carry either Comprehensive or Specified Causes of Loss coverage. We will pay for temporary transportation expenses incurred during the period beginning 24 hours after the theft and ending, regardless of the policy's expiration, when the covered "auto" is returned to use or we pay for its "loss".

If the temporary transportation expenses incurred arise from your rental of an "auto" of the private passenger type, the most we will pay is the amount it costs to rent an "auto" of the private passenger type which is of the same like kind and quality as the stolen covered "auto".

DEDUCTIBLE

Section III – PHYSICAL DAMAGE

COVERAGE D. Deductible is amended by adding the following:

Only One Comprehensive Deductible per "occurrence" will apply to any "loss" resulting from a covered peril.

"Occurrence" means a single incident, including continuous or repeated exposure to substantially the same general harmful conditions within a 24-hour period.

NOTICE OF AND KNOWLEDGE OF OCCURRENCE

Section IV – BUSINESS AUTO CONDITIONS, A. 2 Duties in the Event of Accident, Claim, Suit or Loss, is amended by adding the following:

a. In the event of "accident", claim, "suit" or "loss", you must give us or our authorized representative prompt notice of the "accident" or "loss". Include:

- (1) How, when and where the "accident" or "loss" occurred;
- (2) The "insured's" name and address; and
- (3) to the extent possible, the names and addresses of any injured persons and witnesses.

Your duty to give us or our authorized representative prompt notice of the "accident" or "loss" applies only when the "accident" or "loss" is known to:

1. you, if you are an individual;
2. a partner, if you are a partnership; or
3. an executive officer or insurance manager, if you are a corporation.

UNINTENTIONAL ERRORS OR OMISSIONS

Section IV – BUSINESS AUTO CONDITIONS, B. 2 Concealment, Misrepresentation, or Fraud, is amended by adding the following:

The unintentional omission of, or unintentional error in, any information given by you shall not prejudice your rights under this insurance. However, this provision does not affect our right to collect additional premium or exercise our right of cancellation or non-renewal.

MENTAL ANGUISH

Section V – Definitions C. is amended by adding the following:

"Bodily Injury" also includes mental anguish but only when the mental anguish arises from other bodily injury, sickness, or disease.

BLANKET WAIVER OF SUBROGATION

Section IV – BUSINESS AUTO CONDITIONS, 5. is replaced by the following:

5. **Transfer of rights of recovery against others to us**

We waive any right of recovery we may have against any person or organization because of payments we make for "bodily injury" or "property damage" arising out of the operation of a covered "auto" when you have assumed liability for such "bodily injury" or "property damage" under an insured contract.

RENTAL REIMBURSEMENT COVERAGE

We will pay up to \$30 per day, for up to 30 days, for rental reimbursement expenses incurred by you for the rental of an "auto" because of "loss" to a covered "auto". We will also pay up to \$300 for reasonable and necessary expenses incurred by you to remove and replace your materials and equipment from the covered "auto".

If "loss" results from the total theft of a covered "auto" of the private passenger type, we will pay under this coverage only that amount of your rental reimbursement expenses which is not already provided under **PHYSICAL DAMAGE – TRANSPORTATION EXPENSE** of this endorsement.

ELECTRONIC EQUIPMENT COVERAGE

We will pay with respect to a covered "auto" for "loss" to any electronic equipment that receives or transmits audio, visual or data signals and that is not designed solely for the reproduction of sound. This coverage applies only if the equipment is permanently installed in the covered "auto" at the time of the "loss", and such equipment is designed to be solely operated by use of the power from the "auto's" electrical system, in or upon the covered "auto".

The most we will pay for all "loss" to audio, visual or data electronic equipment and any accessories used with this equipment as a result of any one "accident" is the least of:

1. The actual cash value of the damaged or stolen property at the time of the "loss"; or
2. The cost of repairing or replacing the damaged or stolen property with other property of like kind and quality; or

3. **\$300.**

This coverage will not apply if there is other insurance provided by this policy for the above described electronic equipment. We will, however, pay any deductible, up to \$300, that is applicable under the provisions of the other insurance.

TOWING

We will pay up to \$50 for towing and labor costs incurred each time a covered "auto" is disabled. However, the labor must be performed at the place of disablement.

No deductible applies to this section.

GLASS

Physical Damage for a covered "auto" described or designated in the schedule is amended as follows:

- A. No deductible applies to "loss" to glass used in the windshield or windows.
- B. All other physical damage coverage provisions apply.

ACCIDENTAL DISCHARGE – AIRBAG COVERAGE

Under **SECTION III – PHYSICAL DAMAGE COVERAGE, B, Exclusions**, the following is added to Exclusion 3.:

3. This exclusion does not apply to the accidental discharge of an airbag. This coverage is excess of any other collectible insurance or warranty. No deductible applies to this coverage.

AUTO LOAN/LEASE TOTAL LOSS PROTECTION ENDORSEMENT

Under **SECTION III – PHYSICAL DAMAGE COVERAGE C. Limit of Insurance** is replaced with the following:

1. The most we will pay for "loss" in any one "accident" is the lesser of:

- a. The actual cash value of the damaged or stolen property as of the time of the "loss"; or
 - b. The cost of repairing or replacing the damaged or stolen property with other property of like kind and quality.
- covered auto. In order for this coverage to apply, leased autos must be leased or rented to you under a leasing or rental agreement, for a period of not less than six months, that requires you to provide direct primary insurance for the benefit of the lessor.
2. Our Limit of Insurance for "total loss" will be the greater of:
- a. The balance due under the terms of the lease or loan, to which your auto is subject but not including:
 - (1) past due payments;
 - (2) financial penalties imposed under the lease;
 - (3) security deposits not refunded;
 - (4) costs for extended warranties or insurance; or
 - (5) final payment due under a "Balloon Loan"; or
 - b. Actual cash value of the stolen or damaged property.
An adjustment for depreciation and physical condition will be made in determining actual cash value at the time of loss.
3. Additional Definitions
- a. "Total Loss", for the purpose of this coverage, means a loss in which the estimated cost of repairs, plus the salvage value, exceeds the actual cash value.
 - b. "Balloon Loan" is one with periodic payments that are insufficient to repay the balance over the term of the loan, thereby requiring a large final payment.
4. Additional Conditions
- This coverage will apply only to the original lease or loan written on your